

AHCCCS ON-LINE CLAIM SUBMISSION MANUAL

Section 7:

Adjustment (CMS 1500)



AHCCCS Online - Microsoft Internet Explorer provided by AHCCCS

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AHCCCS

Arizona Health Care Cost Containment System

ARIZONA

@YOUR SERVICE

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Main Menu

Eligibility and Enrollment Status

Provider Information

Claim Status

Electronic Remittance Advice

Prior Authorization Inquiry

Newborn Notification

Claim Submission

Provider Verification

Account Information

User Name: awescobedo

User ID: 0000020

Type: Individual

IP: 170.68.241.12

AHCCCS Provider ID: 436198

User Account

Click on

Claim Submission

Claim Submission allows providers to submit **Fee-For-Service** claims to AHCCCS for nightly processing. Professional, Institutional and Dental claims will be accepted.

Prior Authorization Inquiry will allow providers to verify the status of previously submitted Prior Authorization requests.

Eligibility and Enrollment Status allows providers to verify an AHCCCS recipient's eligibility and their enrollment in a Health Plan. Providers also can obtain Medicare and other third party coverage information for a recipient.

Newborn Notification allows providers to submit newborn information to AHCCCS during the hours when the COM Center is not available.

Provider Information allows providers to update their correspondence addresses. Providers may also view (but not update) their Service and Pay-To Addresses, Group Affiliations and Authorized Signatures. For further information, please click on [AHCCCS Provider Registration](#).

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SECURE WEB SITE

*.statemedicaid.us

CLICK TO VERIFY

APR 17 2007 9:11:35

The AHCCCS mainframe systems will have scheduled downtimes that occur on a weekly basis. During these downtimes (usually weekends), the web site will be unavailable. For questions regarding downtimes, please call **602-417-4444**. During system downtimes, please contact the AHCCCS COM Center at **602-417-7000** for immediate assistance regarding eligibility/enrollment. The Interactive Voice Response (IVR) System is also available for eligibility inquiries at **602-417-7200**. For claim inquiries, please contact the AHCCCS Claims Customer Service at **602-417-7670**. For a full list of contacts, please click on [AHCCCS Contacts](#)

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http://www.ahcccs.state.az.us/PlansProviders/ProviderRegistration.asp

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- Provider Verification

Account Information

User Name: awescobedo

User ID: 0000020

Type: Individual


IP: 170.68.241.215

AHCCCS Provider ID: 436198

User Account

Claim Submission

Enter New Claim


Type of Claim: Professional  Go...


Professional

Institutional

Dental

View Status

Date of Submission:  Go...



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JUN 12 2007 7:42:02

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When adjusting a CMS 1500 (Professional Fee)

You must use the Professional form type

Click on the down arrow
then


Click on Professional

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Account Information

User Name: awescobedo

User ID: 0000020

Type: Individual

IP: 170.68.241.215

AHCCCS Provider ID: 436198

User Account


Claim Submission

Enter New Claim

Type of Claim: Professional

View Status

Date of Submission:



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Containment System
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- Provider Verification

Professional Claim Information

Service Provider				
Provider ID	National Provider ID (NPI)	Location	Name	Type
123456			<input type="button" value="Find..."/>	


Account Information

User Name: awescobedo
User ID: 0000020
Type: Individual
IP: 170.68.241.113
AHCCCS Provider ID: 436198
User Account

Note:
As of March 1, 2008 the NPI ID number will be required if appropriate.

Note:
When adjusting a claim prior to 03/01/08, do not use the NPI number if the claim was originally billed without the NPI number or your adjustment will deny for un-match key fields.

Then click the Find button



CLICK TO VERIFY
MAY 31 2007 9:50:33

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Account Information

User Name: awescobedo

User ID: 0000020

Type: Individual

IP: 170.68.241.113

AHCCCS Provider ID: 436198

User Account

Professional Claim Information

Service Provider

Provider ID	National Provider ID (NPI)	Location	Name	Type
123456		01	Dr John	MD-PHYSICIAN

Recipient

AHCCCS ID	Name	Date of Birth	Gender
A12345678			

Enter the Member's AHCCCS ID #

Then click on Find

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PEOPLE NEED THIS

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HIGH ASSURANCE SSL

MAY 31 2007 9:52:25

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Professional Claim Information

Service Provider

Provider ID	National Provider ID (NPI)	Location	Name	Type
123456		01 Find...	Dr. John	MD-PHYSICIAN

Recipient

AHCCCS ID	Name	Date of Birth	Gender
A12345678 Find...	Smith, Jane	03/05/1949	F

Account Information

User Name: amescobedo
User ID: 0000020
Type: Individual

Submission Reason

Replacement Original Void

Original Reference Number

070000000000

Is Patient's Condition Related To:

Employment? Auto Accident? Other Accident?

Yes No Yes No Yes No

Place (State)

Enter the Original Claim Record Number (CRN) of the claim you want to adjust here

Prior Authorization Number

Patient's Account Number

123456789

Date of Current

Hospitalization Dates Related to Current Services

Illness/Injury/Pregnancy

From

To

Billing Provider

Tax ID

860000000

National Provider ID (NPI)

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Click on Next to continue to next screen

Contact AHCCCS
Phoenix, AZ 85034, (602) 417-4000

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Note:

When adjusting a claim prior to 03/01/08, do not use the NPI number if the claim was originally billed without the NPI number or your adjustment will deny for un-match key fields.

Professional Claim Information

Service Provider

Provider ID	National Provider ID (NPI)	Location	Name	Type
123456		01 Find...	Dr. John	MD-PHYSICIAN

Recipient

AHCCCS ID	Name	Date of Birth	Gender
A12345678 Find...	Smith, Jane	03/05/1949	F

Account Information

User Name: amescobedo

User ID: 0000020

Type: Individual

Click on Replacement

Click on the down arrow

Submission Reason

Replacement
Original
Void

Original Reference Number

070000000000

Is Patient's Condition Related To:

Employment?

Yes No

Auto Accident?

Yes No

Other Accident?

Yes No

Place (State)

Enter the Original Claim Record Number (CRN) of the claim you want to adjust here

Prior Authorization Number

Patient's Account Number

123456789

Date of Current

Hospitalization Dates Related to Current Services

From

To

Billing Provider

Tax ID

860000000

National Provider ID (NPI)

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Click on Next to continue to next screen

Note:

Adjustment of a denied CMS 1500 claim:

Correct the claim and resubmit the claim in its entirety, including all original lines if the claim contained more than one line.

Failure to include all lines of a multiple-line claim will result in recoupment of any paid lines that are not accounted for on the resubmitted claim.

Adjusting a paid claim:

Make changes/add lines to the new claim and submit the claim containing all previously submitted lines.

If any previously paid lines are omitted, the AHCCCS system will assume that those lines should not be considered for reimbursement, and payment will be recouped.